

HEALTH
A

URBAN DISTRICT COUNCIL OF DAWLISH.

A N N U A L - R E P O R T

of the

M E D I C A L O F F I C E R O F H E A L T H.

FOR THE YEAR

1 9 4 9.

H.A. CONSTABLE

M.R.C.S., L.R.C.P..

Medical Officer of Health.

URBAN DISTRICT COUNCIL OF DAWLISH

THE MANOR HOUSE
DAWLISH

I have the honour to present to the Chairman and members of the Dawlish Urban District Council my Annual Report for the year 1949.

1. VITAL STATISTICS.

Civil Population:- 6,887 (1948 - 7,006.)

Live Births.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	55	35	90.
Illegitimate	3	2	5.
	<u>58</u>	<u>37</u>	<u>95.</u>

Still Births. .

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	5	1	6.
Illegitimate	-	-	-

Birth Rate.

The birth rate for the year 1949 is 13.6. This is the highest birth rate recorded in Dawlish for 10 years with the exception of 1944 when it was 14.2. (Average for England & Wales 16.7.)

Deaths.

Total: 107. Male: 57. Female: 50.

Death Rate.

15.3 - Corresponding rate for England & Wales
= 11.7.

URBAN DISTRICT COUNCIL OF DAWLISH

THE MAYOR GOVERNOR
DAWLISH

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

Infantile Mortality. (number of deaths under one
year.)
= 3 males, 1 female. (all legitimate.)

Infantile Mortality.

42.1 Corresponding rate for England & Wales 32.

Maternal Mortality.

Nil.

Tuberculosis Mortality.

= 3.

Infectious Disease Mortality.

Nil.

2. INFECTIOUS DISEASE NOTIFICATIONS.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Poliomyelitis	-	1	1.
Paratyphoid	-	1	1.
Measles	2	4	6.
Food Poisoning	1	-	1.
Tuberculosis:-			
Pulmonary	5	5	10.
Non-Pulmonary	-	2	2.
	<u>8.</u>	<u>13.</u>	<u>21.</u>

3. FOOD.

Inspection at intervals was carried out by the Sanitary Staff, of meat coming into the Town for distribution to local butchers.

Vehicles carrying meat were inspected. Food shops, Restaurants, Hotel Kitchens and Bakeries were visited.

There are no slaughterhouses in Dawlish at the present time therefore no information is given about ante and postmortem inspection of carcasses of animals killed.

Milk.

Much of the work formerly carried out by this Authority in connection with milk sampling was in abeyance pending re-organisation under the new

Regulations. However, milk Producers and milk Retailers premises continued to show improved standards as compared with previous years.

Ice Cream.

The manufacture and supply of ice cream was found to be satisfactory. Tests reveal 60% Grade 1, 10% Grade 2 and 30% Grade 4.

4. FOOD POISONING.

Total number of outbreaks: Nil.
Total number of cases: 2.
Total number of Deaths: Nil.
Organism responsible: Salmonella
infection Typhi-murium 2 cases.

5. SEWAGE AND SEWERAGE.

No new works have been undertaken but a review of the whole area, with all necessary extensions and improvements is shortly to be presented to the Council by their Consulting Engineers. It seems likely that specific proposals to remedy the fouling of the beaches by sewage will be forthcoming, perhaps some practical results can be expected by 1951.

6. WATER SUPPLY.

In spite of the very dry winter of 1948/49 followed by a dry summer the water supply held out albeit with some restrictions in regard to garden watering and car washing.

The quality of the water has been uniformly good.

Number of Bacteriological Examinations 5.
Results: Excellent Grade 1 for piped supplies.
Number of Chemical Examinations Nil.
Number of dwelling houses supplied from public mains. Direct to houses 2,200.
Stand pipes: Nil.
Number of population so supplied about 6,500.

7. NATIONAL HEALTH SERVICE.

Ante Natal & Midwifery Services.

The impact which this Act has made on the working of the Ante Natal and Midwifery Services in this District has not been marked. Ante natal clinics which had been conducted by the Local Practitioners in conjunction with the Midwives for several years have continued as also have infant Welfare Clinics conducted at weekly intervals by the County Medical Staff.

Immunisation.

The arrangements for Immunisation and Vaccination have altered considerably, whereas the majority of the children were formerly Immunised by the District Medical Officer of Health at a monthly clinic, under the present arrangement a large number are Immunised by their family Doctors and the school children and some others are immunised by the County Medical Staff. The old arrangement seemed to achieve a closer supervision and correlation of this service. I have now no means of ascertaining what percentage of the children of this town are Immunised against Diphtheria.

Vaccination.

In regard to Vaccination - the only reliable guide to the proportion of children protected must be the County Records obtained from the cards submitted by general practitioners when they perform this service. I doubt whether the proportion of children Vaccinated has changed much since Compulsory Vaccination was abandoned.

Health Visiting, Home Nursing, Home Help.

The Health Visiting Service appears excellent and Home Nursing is adequately carried out by the District Nurses but the Domestic Help Service seems to be difficult to provide in a small sea-side community where Seasonal Employment absorbs all spare female labour in the Summer.

Ambulance Service.

The Ambulance Service in this town works admirably (as it always has done.) One improvement

ment is the provision of transport for out-patients when it is considered necessary by the doctor.

Dental Treatment.

There is no report from the Senior Dental Officer about the dental treatment provided for nursing and expectant mothers. I have not asked for any such report because I doubt if a single case has been referred to the Dental Services of the County from Dawlish since the inception of the Act. Naturally the patient's doctor refers the patient to one of the local dentists.

Mental Health.

There is nothing to report in regard to Mental Health since this is dealt with entirely at County level.

8. NATIONAL ASSISTANCE ACT.

No actions have been taken during 1949 under Section 47 of this Act. It is a matter of personal congratulation that no necessity has yet arisen to invoke the cumbersome procedure of this Act. I have yet to discover what happens when immediate removal of a person in need of care and attention is required since the process must take several days if not weeks.

9. CAMPING GROUNDS.

This continued to be an anxious problem for the Medical Officer of Health and his Staff. Although the closing of the Ladies Mile Camp did lessen the burden of inspection and supervision. The present state of the relevant Sections of the Public Health Acts seem to give certain classes of licensees much more latitude than is proper in the general interest. It is to be hoped that the new Town and Country Planning Act will fill in the gaps. The erection of a new Camping Site at Dawlish Warren for Caravans was watched with interest. It was noted with satisfaction that the Owners were providing the sort of sanitary facilities which the Medical Officer of Health considered should have been demanded of the Owners of other such Camps.

10. HOUSING.

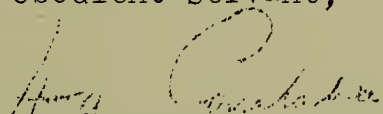
The provision of new houses proceeds at the pace dictated by higher authority. It is a pleasure to visit those fortunate people who live in the new houses put up since the war. It is an experience which demonstrates the obvious that good housing makes for a happy and healthy community.

11. SUMMARY.

There are certain things on the credit side of the ledger and some on the debit side. On the credit side, there is a good water supply, good milk supply, excellent new houses (but not enough of them!) freedom from serious epidemics, and efficient ambulance service and good hospital service for acute cases. On the debit side there is the sewage disposal, some camping grounds, the bitterly deplorable lack of hospital beds for **chronic** patients and the absence of any **local** home or homes for the aged and infirm who require a roof and ordinary domestic care.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,


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(H.A. Constable).
M.R.C.S., L.R.C.P.,
Medical Officer of Health.

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